

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1			2			51						
2				2			52						
3				2			53						
4				1			54						
5				1			55						
6				1			56						
7				1			57						
8				2			58						
9	1			11			59						
10		1		2			60						
11		1		1			61						
12	1			1			62						
13				1			63						
14		2		1			64						
15			1	1			65						
16				1			66						
17				2			67						
18				1			68						
19				1			69						
20				1			70						
21				1			71						
22				2			72						
23				1			73						
24				1			74						
25				2			75						
26				2			76						
27		2		2			77						
28				2			78						
29				2			79						
30				2			80						
31				2			81						
32				2			82						
33				2			83						
34				2			84						
35				2			85						
36				2			86						
37				2			87						
38				2			88						
39				2			89						
40				2			90						
41				2			91						
42				2			92						
43				2			93						
44				2			94						
45				2			95						
46				2			96						
47				2			97						
48				2			98						
49				2			99						
50				2			100						
TOTAL	6						TOTAL						
IND.							IND.						
TOTAL	148						DEP.						
P.							CLAIMS						
TOTAL	154												
AIMS													